Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 8, 2017

Ms. Allyson Sweeney, Administrator
The Residence At Shelburne Bay East
185 Pine Haven Shores Road
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on April 4, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

MAY 01 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1009	A. BUILDING: _____ B. WING _____	C 04/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY EAST	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 4/4/17. The following is a regulatory finding.	R100	R136 Resident Care and Home Services 5.7 Assessments	
R136 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to insure that State required annual assessments were completed for 1 of 3 residents (Resident #1), and failed to insure the assessment was signed by a Registered Nurse for 1 of 3 residents (Resident #2). Findings include: 1. Resident #1 was admitted to the facility and a State required Resident Assessment Instrument (RAI) was completed. Per review of the medical record, Resident #1 last had an RAI completed on 2/9/16. The RAI is required to be completed annually and the resident was residing in the facility in March when the assessment was due. It was confirmed on 4/4/17 at 3:03 PM by the Licensed Practical Nurse (LPN), that the assessment had not been completed.	R136	Resident # 1 assessment was completed on 4/21/17. Resident #2 assessment has been reviewed by an RN and signed on 4/21/17. The Assessments due will be reviewed by nurses on a regular basis. This is available to them on the software dashboard. The Resident Care Director will review dashboard daily. Nurses are responsible to complete assessments at least on an annual basis and for a change in condition. In the event that the nurse completing the assessment is an LPN, a Registered Nurse will review the care plan, make any changes necessary and sign as completed. The community is working with our software vendor to make the RN Signature (N.1.4) a required field and that the assessment cannot be completed and locked unless RN signs.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Bill Davidson

TITLE: Executive Director

(X6) DATE: 5/1/17

R136 POC accepted 5/3/17 BBurdeRN/rmc

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY EAST	185 PINE HAVEN SHORES ROAD SHELBURNE, VT 05482

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R136	Continued From page 1 2. Resident #2 had the RAI completed within the required time, on 7/22/16, but it had been completed by the LPN and not signed by a Registered Nurse (RN) to verify that the documentation was complete and accurate. The LPN confirmed at 3:03 PM that s/he completes most of the RAI and the RN is responsible to review the data collected and sign the assessment. S/he further stated that the RN had not signed that the RAI for Resident #2 had been reviewed.	R136	An audit will be has been completed by 5/15/17. Any overdue assessments will be completed by 5/31/17. The Resident Care Director/ Interim Resident Care Director is responsible for monitoring.	